



NEVADA STATE CONTRACTORS BOARD

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www.nscb.state.nv.us

OUT - OF - STATE LICENSE VERIFICATION FORM THIS FORM MUST BE COMPLETED WHEN APPLYING FOR EXAM WAIVER BASED ON RECIPROCITY WITH ARIZONA, CALIFORNIA, OR UTAH

Applicant Name _____
Company Name _____
Street Address _____
City _____
State _____ Zip _____

INSTRUCTION TO APPLICANT

Insert your name and address and complete the top portion of this request. Give the form to the appropriate agency. The verifying agency will mail the completed verification to you at the address you have listed. Include the completed form with your application.

I am requesting licensure in the State of Nevada as a _____.

I am/have been licensed in the State of _____ issued under the company name of _____
My Social Security # is _____.

I authorize you to release, to the State of Nevada, all information pertaining to license number: _____.

Print Name of Applicant Signature of Applicant

NOTE TO APPLICANT: COMPLETE A SEPARATE FORM FOR EACH LICENSE NUMBER

TO VERIFYING STATE: Please furnish the information requested. Sign and verify the document. Place the completed form in an envelope, seal the envelope, and provide it to the applicant either in person or by mail.

Company Name _____
Type of License (Classification) _____
Original Date of Issue _____ License Number _____
Amount of Limit (If any) _____ Amount of Bond (If any) _____

Any record of suspensions, revocations, other disciplinary actions, or current Complaints? _____, If yes, please provide a copy of the action.

Current Status of License: _____ If not Active, Reason: _____

Name of Qualifying Individual & Title _____

Licensed by: Waiver of Exam (Basis of Waiver): _____
 Successful Completion of Exam - Specify Type: _____
 Endorsement from the State of: _____

Other Personnel Listed & Titles _____

AGENCY SEAL SIGNATURE _____ TITLE _____

